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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Peru
Support for a comprehensive population programme

Proposed UNFPA assistance:	$12 million, of which $8 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $4 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Peru United Nations and United Nations agencies and organizations National and international non-governmental agencies (NGOs)
Government coordinating agencies:	National Population Council National Planning Institute Ministry of Foreign Affairs

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92-03487

PERU

Demographic facts

Population Total (000)	
Total	21,550
Males	10,847
Females	10,704
Sex ratio (/100 females)	101.3
Urban	15,132
Rural	6,419
Per cent urban	70.2
Population in year 2000 (000)	26,276
Functional age groups (%)	
Young child: 0-4	13.2
Child: 5-14	24.4
Youth: 15-24	20.6
Elderly: 60+	5.9
65+	3.8
Women: 15-49	24.9
Median age (years)	20.8
Dependency ratios: total	70.7
(/100) Aged 0-14	64.3
Aged 65+	6.5
Agricultural population density (/hectare of arable land)	2.35
Population density (/sq. km.)	17
Average annual change (000)	
Population increase	461
Births	659
Deaths	173
Net migration	-24
Annual population total (% growth)	2.03
Urban	2.76
Rural	0.21
Crude birth rate (/1000)	29.0
Crude death rate (/1000)	7.6
Net migration rate (/1000)	-1.1
Total fertility rate (/woman)	3.57
Gross reproduction rate (/woman)	1.74
Net reproduction rate (/woman)	1.53
Infant mortality rate (/1000)	76
Life expectancy at birth (years)	
Males	62.7
Females	66.5
Both sexes	64.6
GNP per capita (U.S. dollars, 1989)	1,010

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $12 million, of which $8 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Peru in achieving its population and development objectives. UNFPA would seek to provide the balance of $4 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be the fourth cycle of UNFPA assistance to Peru and would coincide with the programme cycles of the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF).

2. The proposed programme of assistance to Peru would support the Government's National Population Programme for 1991-1995, and is based on the findings and recommendations of a Programme Review and Strategy Development (PRSD) mission, which consulted with government officials and others in May-June 1991, and also on an evaluation and review of past experiences in promoting population activities as part of a year-long effort of close collaboration with the present Government.

3. The proposed programme would contribute to the achievement of the National Population Programme's objectives of reducing the annual population growth rate from 2.1 per cent to 1.9 per cent by 1995, by reducing the total fertility rate (TFR) from 3.7 children per woman to 3.35, thereby creating the conditions for a further reduction to 3.0 by the year 2000. To achieve this, the relatively low contraceptive prevalence rate of 36 per cent would have to increase to 42 per cent in 1995 and to 45 per cent in the year 2000. The programme would also contribute to reducing the present high maternal mortality rate of 300 per 100,000 live births and the infant mortality rate of 80 per 1,000. The proposed UNFPA programme reflects the Government's priority on family planning and emphasizes the role of women's organizations in the achievement of its objectives. It seeks to strengthen the Government's executing capacity at both the central and regional levels in the context of the ongoing process of regionalization, and reflects the leading role given to UNFPA by the Government in coordinating international population assistance to Peru.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. The population of Peru has more than doubled over the last 30 years, growing at an average annual rate of 2.7 per cent, one of the highest in Latin America. The current rate is estimated at about 2.1 per cent per year. Fertility and mortality rates remain high, and there are wide regional differences in demographic indicators. For example, the fertility rate in rural areas is 6.6, compared to the national average of 3.7. Contraceptive prevalence nationwide is estimated at 36 per cent of women of reproductive age. Those below 15 years of age number more than 8 million, or about 37 per cent of the total population. The rate of population growth during the last 20 years has been twice as high as the rate of increase in agricultural production.

6. The rate of urban population growth, in large part the result of internal migration, has had important consequences for the population distribution of the country. The coastal population has grown at the expense of the Sierra (mountain) population, and there has been a tremendous concentration of population in Metropolitan Lima, which now has about 42 per cent of the total urban population.

7. Although fertility has begun to decline, even if it were to continue to decline at the present rate, Peru could still expect an increase of almost 5 million people by the year 2000, of almost 11 million by 2010, and of over 16 million by 2015. Accelerating the decline in fertility, which implies concerted and decisive action to change reproductive behaviour, could substantially reduce these increments. However, if current fertility rates do not change, Peru's population in 2025 will be more than twice as large as its 1990 population of 21.6 million.

8. Economic, social and political factors. During the past decade, and especially during the last five years, Peru has faced an ever-deepening internal crisis that has affected most aspects of Peruvian society and resulted in the deterioration of economic and social conditions. For example, between 1988 and 1990 the country's gross domestic product (GDP) fell by 17.1 per cent, continuing a decade-long trend of negative growth in GDP. The annual inflation rate in 1990 reached 7,650 per cent. Moreover, social services, distressed by the economic crisis and by the effects of short-term stabilization policies, have taken a downward turn as per capita government social expenditures (e.g., education, health, housing and others) declined from $49 in 1981 to $12 in 1990. Such economic and social problems have been compounded by accelerating poverty, high external debt, political instability caused by open hostilities between the Government and insurgent groups, inadequate public administration, and very low government financial capacity, all of which have contributed significantly to labour and social unrest.

9. The deterioration of the economy and the decline in social and health services have had a negative impact on a variety of demographic indicators, particularly maternal and infant mortality, and on the delivery of family planning services, which has been both insufficient and inefficient. As a result, even though 70 per cent of Peruvian women do not want more children, contraceptive prevalence remains relatively low and maternal mortality high (25 per cent of maternal deaths are caused by illegal abortion). There is also a high incidence of unwanted pregnancy among adolescents. A common problem seems to be the lack of information about how and where to obtain family planning services.

10. In spite of these difficulties, there have been some positive developments in recent years. Local community organizations, although faced with enormous obstacles, have taken initiatives to address social problems at the local level. Women's groups have been particularly active in such efforts. Moreover, the present Government, recognizing the limitations inherent in a weak state structure, favours cooperation between the state and the private sector in tackling social problems.

11. Institutional arrangements. In terms of population activities, Peru has extensive institutional arrangements in place. The recently restructured and revitalized National Population Council, which was established in 1980, has once again been placed directly under the Council of Ministers. This will enhance its ability to coordinate inter-sectoral government activities as well as public- and private-sector collaboration. Peru also has a National Population Policy, which was approved in 1985, and a National Population Programme, the most recent of which has been elaborated for the years 1991-1995 under the leadership of the National Population Council. Moreover, population factors, including family planning, have been incorporated into the five-year National Development Plan since 1986. Family planning received further endorsement when the President of Peru declared it a government priority in October 1990.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. As of June 1991, total UNFPA assistance to Peru since 1972 amounted to about $16.2 million. Under the first country programme, initially approved for the 1975-1978 period but later extended to 1983, projects with a total expenditure of $9.8 million were implemented. The recommendations from a 1982 Basic Needs Assessment mission formed the basis for a second country programme, which was approved by the Governing Council for the period 1984-1987, with a total UNFPA expenditure of $3.7 million. The third country programme was approved in the amount of $7.5 million, of which $6 million was committed from regular UNFPA resources and $1.5 million from multi-bilateral sources. Total allocations between 1988 and 1991 were approximately $5.4 million, all from UNFPA.

13. Project evaluations and the PRSD exercise have shown that various activities were not sufficiently integrated into a coherent programme and that they have not had a strong impact on the target populations: urban-marginal and rural poor, women and adolescents. This was due mainly to the lack of national resource allocations, insufficient government capacity to formulate and execute projects, and lack of inter-institutional coordination. The projects executed by NGOs produced more positive results than those implemented by the Government.

14. The implementation of the UNFPA programme suffered further from a lack of interaction between the public and private sectors. Collaboration between the Government and private-sector and community organizations was limited, and women's and other grass-roots organizations were not effectively mobilized to participate in programme implementation. Over the last decade, private sector NGOs have been increasingly funded by other sources. While this has enabled them to develop competence in implementing population activities, especially in the areas of family planning and women, population and development, the public sector has faced continuous problems in project formulation and implementation and has not been able to mobilize national human and organizational resources.

15. Although UNFPA funded some smaller and relatively successful NGO activities, the more important activities in family planning and population education were initiated and implemented as isolated sectoral government activities, which produced a low overall impact. Overall programme performance continued to be limited because of previously established execution and implementation arrangements. Nonetheless, a number of positive developments during the past year (see, e.g., paras. 10, 11 and 30) have created more favourable and promising conditions for future programme implementation.

Maternal and child health and family planning

16. UNFPA provided support to the Ministry of Health with the aim of: (a) strengthening the Directorate General of Family Planning, through activities at headquarters and at the departmental units, in its implementation of a comprehensive national family planning programme; (b) establishing a mass communication system to disseminate information on family planning methods and availability of services; and (c) establishing a distribution network within the Ministry of Health to improve the delivery of family planning services. Total UNFPA support amounted to $3.4 million. The immediate objectives of these activities have not been fully achieved. The inter-institutional mechanism designed to coordinate population activities did not function as planned, and the equipment and materials provided were sometimes distributed inefficiently to departmental units or not utilized properly. Other shortcomings included insufficient training and slower-than-planned-for improvements in the quality and availability of family planning services. Such results could be attributed to sometimes weak organizational arrangements both in the implementation and execution of

the MCH/FP activities, high turnover among personnel, lack of sufficient supervision and evaluation of the activities from the central level, and lack of technical advisory services. Other factors that impeded the implementation of the project included the national economic crisis, frequent strikes, and terrorist activities. In addition, various activities were often formulated without the participation of the intended beneficiaries, the community or women's organizations.

17. UNFPA supported the Peruvian Association of Family Lay Workers (ATLF) in promoting and providing natural family planning services and sex education. Information was disseminated to teachers, parents, and adolescents, and training and services were provided to couples. The ATLF managed to reach its goals in spite of difficulties. However, there was a high percentage of discontinuation of use.

Information, education and communication

18. UNFPA supported the Ministry of Education in incorporating population components into school curricula through the elaboration of guidelines for the first and second years of secondary school and the training of teachers. As a result, teacher's guidelines incorporating gender issues have been elaborated, tested and generally found to be of high quality; and training has been provided to teachers in the teacher training institutes in Peru. The national curriculum reform, begun by the Government in 1988, has integrated population education contents into primary curricula through grade 4. At the secondary level, a three-year course in family life and human sexuality was established for grades 7-9, and population components were formally incorporated into the curricula of such subjects as civics, history, geography and natural science, among others.

19. In the informal population education sector, there has been only limited success in developing population education programmes for out-of school youth and adults. This was due to various negative factors, such as insufficient provision of technical assistance, absence of sufficiently strong support from the central government to the regions, high turnover of the staff responsible for population education at the central level, and lack of national and external funds, among others.

20. UNFPA supported awareness-creation activities on population issues among politicians, researchers, professors and government officials by organizing seminars and a forum. Under an MCH/FP project, UNFPA helped develop a mass media effort that included the production of television and radio spots, posters, and brochures, as well as the purchase audiovisual equipment for a central communication unit and for various regional sites. The project had some management problems and did not produce the expected impact.

Data collection and analysis

21. Under the second country programme, UNFPA provided support to training in census methodology and to activities to improve the country's civil registration system. However, the proposed civil registration models have not yet been applied nationwide. UNFPA also extended assistance to the National Institute for Statistics and Information to develop the national capacity to collect and analyse population data.

Population policy formulation and dynamics

22. UNFPA, in collaboration with the United States Agency for International Development (USAID), provided support to develop computer models to incorporate population factors into national and regional development policies. The models were developed by a local NGO, the Andean Institute for the Study of

Population and Development (INANDEP), and training of national and regional government officials in its use were provided in three regions. The results have been good, but follow-up training for government officers in these three regions as well as in other regions is needed to strengthen regional institutional capacity. UNFPA support also helped to strengthen the institutional capacity of the National Population Council for the formulation of the National Population Programme for 1991-1995.

Women, population and development

23. UNFPA financed a workshop organized by the National Population Council to help create a national women's network and provided assistance to elaborate the National Programme for the Promotion of Women (NPPW). A major objective of the working groups of the workshop has been to involve representatives of women's organizations from all regions in the process of developing the National Women's Network and the NPPW. The NPPW encompasses nine programme areas and contains a strategy for integrating women into all aspects of national life. Its aim is to develop multi-sectoral policies that respond to the reality of women's lives and address their needs in relation to both their productive and reproductive roles.

Other external assistance

24. UNFPA was the main donor agency supporting the National Population Programme of 1987-1990. Although other donors also provided assistance to population activities, they mainly supported activities outside the National Population Programme. Besides UNFPA, the main donor in the population field has been USAID, which provided a total of $6.6 million for population activities in 1990. About two-thirds of its funds in the population sector from 1986 to 1989 were concentrated in the private family planning sector. Other multilateral or bilateral donors in Peru that have supported population-related programmes include the Intergovernmental Committee for Migration, the United Nations Children's Fund (UNICEF), the United Nations Development Fund for Women (UNIFEM), Japan and Canada. Private organizations have included the International Planned Parenthood Federation (IPPF), Pathfinder International (formerly The Pathfinder Fund), The Population Council, Save the Children Fund, and CARE. Most of the non-UNFPA population assistance is concentrated in the areas of MCH/FP and IEC.

IV. PROPOSED PROGRAMME 1992-1996

25. The long-range objectives of the proposed programme are to contribute to the achievement of the National Population Programme goals as detailed in paragraph 3 above. Accordingly, the UNFPA country programme would aim to achieve the following immediate objectives: (a) to facilitate the effective implementation of the core components of the National Population Programme; (b) to facilitate the planning, formulation and implementation of the other components of the national programme; and (c) to assist the Government in developing a framework to coordinate international population assistance to Peru.

26. Achieving Peru's population goals will require considerable and increased external support. However, some goals, such as that for contraceptive prevalence, are less ambitious than those set in the Amsterdam Declaration. If the latter were to be achieved in Peru, an even larger increase of external assistance would be necessary. Since the present targets seem low in relation to recent trends in population growth and contraceptive prevalence rates, UNFPA would work closely with the Government in reviewing the progress of the programme with a view to considering the possibility of revising the targets of the National Population Programme.

27. The UNFPA programme strategy would give special importance to: (a) enhancing public-private collaboration and community participation; (b) enhancing the role of women and the participation of women's organizations in the population programme; (c) strengthening the capacity of regional governments to formulate, plan, coordinate and administer population policies and programmes; and (d) improving programme execution through technical advice from specialized agencies and national and international NGOs. The strategy to ensure close collaboration with the private sector is designed to supplement the implementation capacity of the Government.

28. The proposed programme is based on a strong family planning rationale. Peru is politically and managerially ready to promote and expand family planning services, and the performance in this area over the next five years could be decisive in laying the foundation for lasting changes in people's attitudes towards family planning. The programme would therefore emphasize activities that would have a direct impact on demographic behaviour during the programme period. Family planning activities combined with the participation of women's organizations would be part of nearly all programme areas.

29. The proposed UNFPA country programme takes into account the Government's request that UNFPA help develop a framework to coordinate other assistance to Peru in the implementation of its National Population Programme. The programme would, furthermore, seek to introduce population components, especially family planning, into other ongoing social programmes funded by donor countries, United Nations agencies and others. It is expected that other donors would provide support through multi-bilateral arrangements in such areas as basic data collection, family planning, women, and the environment.

30. As noted by the PRSD mission, the implementation of population activities would be facilitated by the following factors: (a) the emphasis on the decentralization of population policies and the integration of these policies into the development plans of each region; (b) the increased attention being given to collaboration between public and private entities, which will enable the Government to take advantage of the private sector's infrastructure and proven experience in executing population activities; (c) the clearer definition of target groups: low-income groups in rural and urban-marginal areas, with special attention to women and adolescents; (d) the formulation of quantitative targets; and (e) the clearer awareness of the need for effective evaluation of programme activities and immediate feedback of the results.

Maternal and child heath and family planning

31. The major component of the UNFPA programme in this sector would be to support the Ministry of Health's MCH/FP activities. Emphasis would be put on family planning activities, with up to 70 per cent of allocations earmarked for such activities in the various sectors of the programme. Most of the MCH/FP support to the Ministry of Health would be channeled to regional government institutions in collaboration with the private sector, giving priority to three regions in particular. If additional funds become available during the programme period, three more regions would either be added to this regional programme approach or would receive support in the form of contraceptive supplies. The selection of the regions would be based on such criteria as proportion and concentration of poor people in urban and rural areas, rate of population growth, and level of maternal and infant mortality. The capacity of the regional government to implement activities and the availability of institutional infrastructure and qualified human resources would also be taken into account.

32. The proposed assistance would seek to improve service delivery, through support to IEC activities, training of health personnel and the improvement of logistics and information systems. The MCH/FP activities

would also address the issue of HIV/AIDS, providing information on preventative measures and promoting the use of condoms, which so far, constitute only an insignificant share (1-2 per cent) of contraceptive use. UNFPA would also promote Safe Motherhood initiatives at the grass-roots level, making use of women's organizations and NGOs to widen the network and other family planning activities.

33. If implemented optimally in six regions, the programme would potentially reach about 60 per cent of the total population. Should additional resources become available, the Fund would provide support to the rest of the country mainly in the form of contraceptives and other supplies to existing health establishments. In some cases, specific subcontracts for NGO implementation are foreseen. UNFPA would also provide a small amount of assistance to the Ministry of Health to enable it to perform its role as a national supervisory, normative and policy-making institution.

34. The proposed programme would also assist the Government in contraceptive supply, distribution and needs assessments. The aim of this activity would be to assist the Government in ascertaining the contraceptive requirements for all family planning activities in Peru, not only for those supported by UNFPA. It is expected that the proposed programme strategy of introducing family planning into other social programmes will require a considerable increase in the contraceptive supply to Peru, including an increase in the UNFPA share, which currently stands at 26 per cent of the total.

35. Contraceptive needs would be determined by a UNFPA-supported contraceptive requirements study for 1992-2000, to be conducted in cooperation with and co-financed by other agencies supporting family planning in Peru. This study would facilitate the planning of contraceptive supply as well as provide a framework to coordinate the efforts of the various donors involved. The study would also form the basis for assisting the Government in distribution and logistics planning. It would further permit the development of a comprehensive policy of supply that could make use of such arrangements as technical cooperation among developing countries (TCDC), among others.

36. In addition to health-sector activities, family planning activities, mainly IEC, would be included in most of the other sectors of the UNFPA programme as well as in the social programmes funded by other agencies, and would be implemented in cooperation with local community groups or organizations. The aim would be to link these activities with provision of services by local health authorities or private family planning institutions. There are good possibilities of expanding family planning through the social programmes being carried out by other United Nations agencies as well as by international NGOs and bilateral donors. Although a long-term objective would be to have these agencies make family planning activities an integral component of their own programmes, a medium-term strategy would be for UNFPA to assist them in achieving this.

37. UNFPA would provide a total amount of $5.5 million for this sector, of which $1.5 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

38. Specific family planning aspects of IEC would be incorporated into most programme sectors and are thus not proposed as separate activities. These components are expected to have both a short- and medium-term impact on the projected increase in contraceptive prevalence rates. Other types of IEC activities designed for a longer term impact on demographic behaviour would also be included in the programme.

39. UNFPA would continue to support awareness-creation and public information activities aimed at bringing population issues to the attention of parliamentarians, local and regional public officials, political leaders as well as information and communication workers. The main target group would be regional and local opinion makers. Another aim of UNFPA activities in this area would be to improve the capacity for developing networks of information-related NGOs working at the regional level under the supervision of the National Population Council. The activities would be integrated into similar activities of other United Nations agencies or bilateral donors.

40. In order to motivate target groups of the population not reached by the formal education system, UNFPA would promote the implementation of communication components in population activities addressed to adolescents, parents, workers, low-income women and men of reproductive age, migrant workers, couples registering for marriage, and health workers, with special emphasis on those in urban-marginal and rural communities. Assistance in this area would emphasize community and NGO involvement and would focus on developing culture-specific, local activities related to wider community-based social activities.

41. In the formal education system, an immediate task is to support the Ministry of Education in the regionalization of the population education programme. This would require assisting both the Ministry, in completing the elaboration of educational materials and training activities, and the regional governments, in incorporating population education into the formal education system.

42. UNFPA would provide a total amount of $1 million for the IEC sector.

Data collection and analysis

43. A serious problem in Peru is the lack of reliable population statistics. This is due primarily to the drastic demographic changes that have taken place in recent years as a result of a high level of internal migration, which has been accelerated by terrorist activities in certain regions of the country and by the economic crisis. Consequently, development planning today is based on poor population statistics, and social programmes generally lack data to define targets and assess achievements. UNFPA would therefore support census activities, especially the analysis and publishing of census data relevant to population planning. UNFPA would also support demographic surveys needed for sectoral planning. This reflects the Government's continuing strong national financial commitment to data collection in spite of its present financial difficulties. The total cost for 1991 to 1993 would be about $11 million, or $0.50 per inhabitant, of which the Government has committed close to $5 million.

44. UNFPA would provide a total amount of $1.9 million for this sector, of which $1.2 million would be sought from other sources, including multi-bilateral sources.

Population policy formulation

45. The proposed programme would include support to central and regional institutions to formulate and implement population policies at the regional level and to establish regional population councils. UNFPA would support the development of some basic planning tools as well as training in their use in some of the regions, especially those given the highest priority by the Government in the implementation of the National Population Programme. Support would be given to carry out necessary research at the regional level for planning and operational purposes, e.g., on socio-cultural factors affecting demographic behaviour and project strategies. Seminars promoting the use of research results in operational activities would also be supported.

The UNFPA programme would further contribute to training in the area of population and development for professionals who provide various types of technical support for population programmes, especially at the regional level.

46. UNFPA would also support the National Population Council in developing a monitoring and evaluation system for the National Population Programme. This would allow the Government to obtain and process necessary and timely information in order to evaluate the programme impact on the target groups and to make necessary modifications when and as needed.

47. UNFPA would provide a total amount of $500,000 for this sector.

Women, population and development

48. While specific women's concerns would be incorporated in all UNFPA-supported activities, the proposed programme would provide support to consolidate the National Women's Network in order to reinforce the implementation of the National Programme for the Promotion of Women under the National Population Council. One of the aims of the efforts in this area would be to ensure that regional grass-roots women's organizations in the National Women's Network participate in the implementation of the NPPW, in coordination with the National Population Council. It is felt that women's organizations constitute the best resource for achieving social development in Peru and thus can play an important part in the implementation of population programmes in Peru.

49. UNFPA would provide a total amount of $1.55 million for this sector, of which $800,000 would be sought from other sources, including multi-bilateral sources.

Special programmes

50. Multi-sectoral activities. UNFPA would support one or two regional governments, depending on resource availability, in initiating population activities that integrate all aspects of UNFPA's programme on a relatively modest scale as pilot activities. The experience gained from the pilot activities could serve as the basis for initiating other regional projects during the programme period, ideally to be funded by other sources. Special emphasis would be given to enhancing community participation in rural and urban-marginal areas and to improving coordination between public and private sectors as well as among United Nations agencies and other donors. The pilot activities include training for women's groups in managing their natural resource base and providing information on family planning. The pilot activities would promote regional population programme planning and would also contribute to the Government's goal of establishing regional population councils.

51. Population and the environment. The proposed programme would assist the Government in developing plans and activities in the area of population-related environment issues, which, for the first time, are included in the National Population Programme. Environmental considerations would be included in several of the activities in the proposed UNFPA programme. The programme would include support for awareness creation of the interrelationship between population and the environment through seminars for national and regional decision makers. A main activity would be to assist the Government in developing a national strategy for population, environment and conservation. This would be linked to national and regional socio-economic planning. In addition, the Fund would provide support to mobilize local women's

organizations and local communities to undertake some smaller, community-oriented projects aimed at addressing specific local environment and population problems and concerns.

52. UNFPA would provide $1.15 million for this sector, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

53. For this programme, $400,000 would be set aside as a reserve to cover any unanticipated needs that may arise during the programme.

Programme coordination

54. UNFPA would continue to support the Government, at its request, in coordinating international assistance in the population area. To do so, UNFPA would maintain close contact with other donors and assist the Government in convening regular meetings of the donor community to identify areas of mutual interest, to promote technical cooperation, and to avoid duplication of effort. An information network linking the donor community and national institutions would be established to maximize circulation of information concerning plans, programmes and donor requirements. The proposed UNFPA programme would provide a framework for such coordination for many of the donors. Dialogue would be continued among the partners of the Joint Consultative Group on Policy (JCGP) in population-related activities. UNFPA would maintain close contact with other United Nations agencies, as well as with the bilateral donors and international development banks. UNFPA would especially endeavour to collaborate with UNICEF in integrating family planning activities into the activities of mothers' clubs.

Programme monitoring, evaluation and management

55. The programme would be managed by the UNFPA field office in collaboration with the National Population Council and the National Planning Institution. All activities of the proposed programme would have built-in monitoring and evaluation mechanisms, and independent evaluations would be part of all larger and innovative projects. The UNFPA field office would closely monitor the implementation of the programme together with the Government. A mid-term programme review is anticipated. Whatever the mode of execution, UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

56. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $12 million over the five-year period 1992-1996, of which $8 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $4 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The table below shows how the programme would accommodate the two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	4,000,000	1,500,000	5,500,000
Information, education and communication	1,000,000	--	1,000,000
Data collection and analysis	700,000	1,200,000	1,900,000
Population policy formulation	500,000	--	500,000
Women, population and development	750,000	800,000	1,550,000
Special programmes	650,000	500,000	1,150,000
Programme reserve	400,000	--	400,000
TOTAL	8,000,000	4,000,000	12,000,000

V. RECOMMENDATION

57. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Peru in the amount of $12 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $8 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $4 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Peru and with the executing agencies.

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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Guinea
Support for a comprehensive population programme

Proposed UNFPA assistance:	$5.9 million, of which $4 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1.9 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Guinea United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Planning

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GUINEA

Demographic facts

Population Total (000)	
Total	5,755
Males	2,887
Females	2,869
Sex ratio (/100 females)	100.6
Urban	1,476
Rural	4,280
Per cent urban	25.6
Population in year 2000 (000)	7,830
Functional age groups (%)	
Young child: 0-4	19.4
Child: 5-14	27.3
Youth: 15-24	18.8
Elderly: 60+	4.3
65+	2.6
Women: 15-49	22.0
Median age (years)	16.6
Dependency ratios: total	97.3
(/100) Aged 0-14	92.2
Aged 65+	5.2
Agricultural population density (/hectare of arable land)	8.10
Population density (/sq. km.)	23
Average annual change (000)	
Population increase	189
Births	316
Deaths	127
Net migration	0
Annual population total (% growth)	3.04
Urban	5.74
Rural	2.02
Crude birth rate (/1000)	50.7
Crude death rate (/1000)	20.3
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	7.00
Gross reproduction rate (/woman)	3.45
Net reproduction rate (/woman)	2.28
Infant mortality rate (/1000)	134
Life expectancy at birth (years)	
Males	44.0
Females	45.0
Both sexes	44.5
GNP per capita (U.S. dollars, 1989)	430

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $5.9 million, of which $4 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Guinea in achieving its population and development objectives. UNFPA would seek to provide the balance of $1.9 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be the third UNFPA-assisted population programme for Guinea.

2. The proposed programme is based on the conclusions and recommendations arrived at jointly by the Government and the Programme Review and Strategy Development (PRSD) mission that visited Guinea in May 1991.

3. The long-term objective of the proposed programme is to strengthen the institutional capacity of the Government to balance the growth of the population with the objectives of its national policy for economic and social development. The immediate objectives are: (a) to formulate and put in effect a national population policy adapted to the socio-cultural situation of the country; (b) to improve the quality and accessibility of family planning services and to raise the contraceptive prevalence rate for modern methods to 15 per cent of women of child-bearing age; and (c) to contribute to developing a policy for promoting the welfare of women, including Safe Motherhood.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. The birth rate in Guinea, estimated by the United Nations at 50.7 per 1,000, is among the highest in Africa. The total fertility rate is 7 children per woman. The overall mortality rate of 21 per 1,000, life expectancy at birth of 44.5 years and infant mortality of 134 per 1,000 reflect a high prevalence of endemic, infectious and parasitic diseases and of malnutrition. A test survey of maternal mortality conducted in the capital of Conakry gives a rate of 900 maternal deaths per 100,000 live births. A 1987 survey of fertility in Guinea shows a contraceptive prevalence rate of 15.1 per cent for all methods and a prevalence rate of 7 per cent for modern methods.

6. Based on projections from the 1983 census, the Guinean population is 5.7 million inhabitants, 47 per cent of whom are under the age of 15, and it is increasing at an average rate of 2.8 per cent annually, which would result in a doubling of population every 25 years. (United Nations estimates can be found in the data sheet on p. 2.) The urban population, estimated at 26 per cent of the total, is increasing at the rate of 5 per cent a year, or doubling in less than 15 years. Even assuming a drop in the total fertility rate to 5 children per woman and an increase in life expectancy to 57 years by the year 2008, the population will increase from 5.7 million in 1991 to an estimated 8.7 million in 2008. By way of example, assuming the continuation of such

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a drop in the population growth rate, the shortfall in rice, the staple of the Guinean population, will rise from 169,934 tons in 1991 to 393,212 tons in 2008; the demand for teachers to train primary school pupils, assuming an attendance rate of 53 per cent (the target of the Sectoral Adjustment Programme for Education), will increase by 75 per cent between 1991 and 2008; and the need for health centres, assuming a coverage rate of one centre per 15,000 inhabitants, will increase by 51 per cent over the same period.

7. Social and economic situation. Socio-economic indicators place Guinea among the world's least developed countries despite its abundant resources. Up until 1986 the production growth rate remained below the population growth rate. The structural adjustment programme adopted in 1986 led to economic growth of 4 per cent per year over the period 1987-1990, albeit at substantial social cost. The proportion of the national budget allocated to the health sector fell from 5.2 per cent in 1977 to 2.5 per cent in 1988. Health personnel are unevenly distributed, with a concentration in the urban centres, and the health infrastructure is inadequate. Only 188 of the existing 345 subprefectural health centres are operating satisfactorily within the national primary health care programme. The proportion of the national budget allocated to education is 13.4 per cent, which is below the average for French-speaking sub-Saharan Africa of 21.7 per cent. Primary school attendance fell from 30.8 per cent of primary school-age children in 1984-1985 to 28.7 per cent in 1988-1989, with considerable regional differences.

8. Islam is practiced by 87 per cent of the population. Guinean society encourages early marriages in rural areas; 60 per cent of girls are married before the age of 20. According to a knowledge-attitudes-practices (KAP) survey conducted in Conakry in 1987, 60 per cent of parents want to have a family of between 6 and 10 children, and polygamy is widespread (32 per cent of couples in urban areas and 43 per cent in rural areas). Guinean women are generally confined to their traditional role of reproducers of the family. Their situation is characterized by high illiteracy rates (85 per cent) and low enrolment in formal education programmes (29 per cent). Government actions to advance the status of women have been limited, and there is no institutional or legal framework to integrate women into development activities. Oral social communication predominates in rural areas, with information being relayed mainly by religious authorities, heads of villages, marabous, imams, healers and government development agents.

9. Population policy. A national population policy is in the formulation stage. A National Population Commission (CNP) was established in 1990, but is currently functioning at a low level. Although the Government gave official indications of its interest in population education as far back as February 1984, population education activities seem to be evolving independently of educational reforms and literacy programmes. Among the constraints limiting the practice of family planning are the absence of a national maternal and child health and family planning (MCH/FP) programme, the existence of the French colonial law of 1920 that restricts contraceptive use, the lack of integration of family planning within the ongoing primary health care programme and the lack of awareness promotion among target populations.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

10. UNFPA assistance to Guinea started in 1972. Cumulative expenditure from 1972 to 1979 amounted to $165,000. The first five-year assistance programme for Guinea, approved in 1981, provided support to conduct the general population and housing census in 1983, to establish the Population Unit, and to implement MCH and population education activities. Expenditures totalled approximately $3.8 million. These activities were carried over to the second programme (1987-1990), amounting to $3.4 million, of which $2.4 million came from UNFPA regular resources. The programme, launched in mid-1989, has had an implementation rate of 58 per cent of regular funds, with expenditures of approximately $1.4 million through

1990. With a view to synchronizing the programmes of the United Nations Development Programme (UNDP) and UNFPA, the second programme will be extended through 1991, with an estimated expenditure of $600,000.

11. The implementation of the second population programme suffered because of problems caused by cumbersome administrative procedures of executing agencies and the limited knowledge of such procedures among national counterparts. The programme was further limited by the absence of sectoral objectives and immediate targets in the various activities comprising the programme, which, in turn, hampered effective evaluation. Nonetheless, overall, UNFPA assistance contributed to: (a) the conduct of the first general population census; (b) the promotion of awareness among the relevant authorities regarding population problems; (c) increased awareness about the need to integrate demographic variables into development plans; and (d) the conduct of preparatory work on the formulation of a population policy.

Maternal and child health and family planning

12. In the first phase of MCH/FP activities, an MCH/FP reference centre was established at Conakry, MCH/FP activities were introduced in seven health centres in the capital, and 35 health centres were provided with MCH supplies, medications and contraceptives. The activities conducted during the second phase of the project, from 1990 onwards, focused on family planning services, which were offered, though not very effectively, in 28 health centres out of the intended 80. Family planning is not yet integrated into the overall health care system, and the family planning utilization rate in the health centres is still not accurately known. Among the main constraints responsible for the programme's generally poor performance are: (a) the lack of a national MCH/FP programme, with the resulting absence of standards for family planning activities, which neither the heads of the health centres nor the health agents see as matter of concern; (b) poor management at the central level, with the result that contraceptives are not distributed efficiently to the centres covered by the project; (c) poor match between the training and the subsequent use made of the staff trained, who in many cases are assigned to facilities in which family planning services are not offered; and (d) the lack of an adequate education and awareness promotion programme for the population as a whole.

Information, education and communication

13. UNFPA assistance in the area of population information, education and communication (IEC) has related solely to population education in the school sector. Since 1987, the population education programme has been under way in 17 pilot elementary schools distributed throughout the national territory. The second phase of the activity, launched in 1990, provides for experimental programmes in 43 elementary schools, 5 secondary schools and 2 teacher training colleges. Factors that will facilitate the integration of population education into the formal school system include the existence of an appropriate institutional framework as well as a core team of national trainers in population education, basic population education curricula and an audio-visual studio. The constraints are the lack of trained teachers; the lack of teaching materials; and the geographical inaccessibility of the pilot schools, which causes problems in logistics and supervision.

Data collection and analysis

14. A national seminar to present the results of the 1983 census took place at the end of November 1989. The usefulness of the census was limited by the fact that only 100 copies of the results were distributed and by the fact that, for want of resources, the five volumes of regional analyses have not yet been published. A demographic and health survey initiated in 1991 will make it possible, inter alia, to verify the data compiled

in 1983 and will also serve as a basis for launching the next general population census, which is scheduled for 1993. UNFPA also supported the first census of Liberian refugees in Guinea.

Population dynamics

15. UNFPA assistance to help establish a Population Unit was launched in 1984. The first phase helped lay the institutional framework; the second phase, launched in 1989, aimed at helping the Unit integrate demographic variables into development plans. This involved: (a) drafting the chapters of the plan relating to population problems; (b) institutionalizing the National Population Commission; (c) conducting relevant studies and research; and (d) drawing up a draft population policy. The National Population Commission has been restructured, and the Interministerial Group of National Population Experts was established in August 1991. On the basis of a series of demographic studies, the basic document for the population policy statement has been drafted and was submitted to the National Population Commission in October 1991. The main constraints to be overcome during the next phase of the assistance are, among others, the current trend towards short-term socio-economic planning, which does not facilitate incorporation of a long-term demographic perspective, and the lack of staff trained in population and development.

Other external assistance

16. Since 1987, the United Nations Children's Fund (UNICEF) has supported the expanded primary health care programme, an "education for all" programme, and a village water resources programme. For the period 1991-1995, UNICEF foresees a total budget of $22.8 million to support these programmes as well as efforts to improve housing and to address environmental concerns in two neighbourhoods of Conakry. The World Bank is financing a health services development project with a five-year budget of $1.5 million to strengthen the institutional capacity of the Ministry of Health, renovate health infrastructures and train health personnel in one region of Guinea. The World Bank is also supporting one regional MCH/FP unit and the health education service of the Guinean Association for Family Welfare (AGBEF). The United States Agency for International Development (USAID) is promoting the social marketing of contraceptives through Population Services International. Preparation of an environmental action plan was launched in 1989 with the participation of several external donors, and an environmental protection project with a strong social mobilization component is under way with financing from the European Community and Italy.

IV. PROPOSED PROGRAMME 1992-1996

17. The overall objectives of the proposed programme are detailed in paragraph 3 above. The proposed strategies would assist the Government in: (a) training the staff responsible for formulating and implementing the population programme in the basic principles of demography and in the interrelationship between population and development; (b) strengthening the Population Unit so as to enable the Ministry of Planning to provide the necessary support for sectoral ministries and the regional planning directorates; (c) reactivating family planning in the facilities that already offer MCH/FP services and extending family planning to the other health centres not yet covered, while ensuring that family planning activities are integrated into the ongoing national primary health care programme; (d) conducting, analysing and disseminating the results of the general population and housing census, and of surveys on such topics as migration, demography and health, all of which will be fed into a computerized database on population; (e) promoting awareness at all levels of society, particularly among young people, about the interrelationship between population and development and about responsible parenthood, particularly as concerns sexual behaviour; (f) contributing to awareness promotion and education of the population regarding the status of women, including, inter alia, the relationship between

their reproductive and productive roles and demographic trends; (g) contributing to the development of the institutional capacity to enhance the status of women; and (h) promoting the coordination of population-related external assistance and strengthening the integration of population activities into the country's socio-economic development programmes, including into the national environmental plan of action.

Maternal and child health and family planning

18. The primary objective of the proposed programme in the MCH/FP sector is to improve the quality and accessibility of family planning services by making such services available at the 345 health centres eventually to be covered by the national primary health care programme supported by WHO and UNICEF and at 17 health centres in Conakry. The aim is to raise the prevalence rate of modern contraceptive methods to 15 per cent of women of child-bearing age. The cost of contraceptives for the period 1992-1996 is calculated at $4 million, of which UNFPA would contribute $600,000. Contributions from other donors such as the World Bank and USAID would be sought to finance this component.

19. To ensure that the family planning component is successfully integrated into the framework of the ongoing primary health care programme, UNFPA would provide assistance: (a) to formulate a national MCH/FP programme; (b) to analyse the status of family planning services in health centres already supported by UNFPA, in terms of equipment, infrastructure and human resources; and (c) to evaluate the needs of the rest of the centres to be covered under the UNFPA programme. The Fund would also support efforts to include statistics on family planning in the management information system used within the primary health care programme, thus making it possible to monitor the clientele and establish reliable statistics on contraceptive prevalence rates. UNFPA would also support government efforts to establish standards for family planning services delivery, integrate family planning into supervisory and monitoring mechanisms existing under the primary health care programme, and to train the staff in charge of the provincial health directorates and the health centres so that they can supervise family planning activities. The integration of family planning into the existing WHO/UNICEF-supported national primary health care system, which includes maternal and child health care, will greatly reduce the costs of implementing activities in the MCH/FP sector.

20. In order to improve the management of contraceptive supply, contraceptives would be included in the system for supplying essential drugs. Such efforts would be supplemented by operational research aimed at improving both the quality and delivery of services. A major IEC component comprising training of health personnel in interpersonal communication and clinical family planning techniques would be developed to improve the reception of clients at the health centres. In general, the emphasis would be placed on training at the decentralized level.

21. With a view to enhancing the delivery of family planning services, UNFPA would provide contraceptives and equipment to and train staff of the NGOs operating in the MCH/FP sector, such as the Guinean National Family Planning Association, the Centre for Education in Appropriate Health Technology (CESTAS), and the Samaritans. Support would be provided for NGOs engaging in MCH/FP activities. A total of $1.5 million would be provided for MCH/FP activities under the proposed programme, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

22. The main objective of the IEC component of the programme would be to provide the general population and decision makers at all levels with demographic and health information that would enable them to improve family welfare and responsible parenthood. A prerequisite for the attainment of this objective is the adoption of a national policy and programme for IEC that can serve as an institutional coordinating framework. It is also necessary to establish a solid knowledge base on the aspirations, beliefs and customs of the various target groups so that appropriate population messages and teaching materials can be developed. UNFPA assistance will concentrate on these two areas as well as on activities to improve interpersonal and mass communications. AIDS education activities will be included in the programme. UNFPA will seek to collaborate closely with UNICEF, especially in the context of its social mobilization activities, as well as with other organizations active in the IEC area. A total of $900,000 would be allocated to IEC activities.

23. IEC outside of schools. UNFPA would provide assistance to establish a training programme in interpersonal communication techniques for all health personnel involved in the MCH/FP programme. As modern mass media, especially radio, are effective tools of communication in urban areas, radio programmes on the most salient population issues would be produced. In rural areas, activities would be based upon the strong tradition of oral communication to convey information on MCH/FP and population concerns through performing artists and the various opinion leaders, such as religious and village leaders and the Islamic League. Support would also be given to the rural radio to develop programmes on demographic and health issues. UNFPA would seek, to the extent possible, to make use of NGOs already successfully involved in social mobilization. With a view to enlarging the target group reached by population messages, support would be given to extend population education to some of the five functional literacy centres in Conakry and to areas outside of the capital under the auspices of the National Literacy Service. This service is well established in the country, already includes health topics in its programmes, and is receiving support from UNICEF. An amount of $300,000 is proposed for this component.

24. In-school population education. UNFPA would continue its assistance to population education activities in the formal sector, further developing the pilot programme implemented since 1990 in 43 elementary schools, 5 secondary schools and 2 teacher training colleges. Training of both teachers in experimental programmes and coordinators in course content and in participatory teaching methods would be repeated and improved. Culturally appropriate teaching materials that enhance the image of girls and women and contribute to improving their status would be produced in quantities sufficient to supply the target schools. More effective supervision and follow-up would be ensured by concentrating the activities in geographically accessible areas and by training subprefectural coordinators in project management and follow-up. One of the aims of these activities would be to institutionalize population education in Guinea's education programme. A total of $600,000 would be allocated to this component.

Data collection and analysis

25. The objective in the area of data collection and analysis would be to establish a readily accessible demographic database to support the formulation and implementation of a national population policy. A total of $1.75 million would be allocated to this sector, of which $800,000 would be sought from other sources, including multi-bilateral sources.

26. UNFPA assistance would be used: (a) to help establish a computerized database as part of the national data collection strategy currently being drawn up; (b) to continue to assist the DHS survey currently

being implemented; (c) to support a migration survey presently under preparation; and (d) to support the conduct in 1993 of a general population census. In this sector, UNFPA plans to collaborate closely with the African Development Bank, the European Community, the World Bank and USAID.

Population policy formulation and dynamics

27. The primary objective in the area of population dynamics would be to promote the formulation and implementation of population policies and of multisectoral population programmes at the national and regional levels. A total amount of $1.4 million would be allocated to this sector, of which $600,000 would be sought from other sources, including multi-bilateral sources. UNFPA would work closely with UNDP, which has already indicated its interest in these activities.

28. As recommended by the PRSD mission, a critical need in this area is to upgrade the Population Unit into a Division. This would enable it not only to discharge effectively its role of integrating population factors into socio-economic development programmes, but also to serve as the secretariat of the National Population Commission and leader of the Interministerial Group of National Population Experts established in August 1991. This would also facilitate the implementation of the national population programme, which is to be decentralized by establishing regional branches of the National Population Commission. UNFPA-supported activities in this area would focus on strengthening national skills, inter alia, through: (a) providing support for instruction in demography in one of Guinea's two universities and conducting operational research; (b) improving the knowledge of sectoral ministry staff at the national and decentralized levels about demographic phenomena and their interactions with other socio-economic development factors; (c) improving the coordination of the whole range of population activities throughout the country; and (d) providing support for the implementation of development plans and programmes that incorporate the population dimension. In the field of population and the environment, UNFPA would ensure, inter alia, through the Population Unit that the population dimension is taken into account in implementing the environmental plan of action and in research that is to be conducted into environmental issues.

Women, population and development

29. The objectives of the UNFPA programme in the area of women, population and development would be, in concert with other donor agencies, to help formulate a policy for the advancement of women, including Safe Motherhood, and to help make women aware of the importance of their reproductive health to family welfare. A total of $200,000 would be allocated to the sector.

30. To ensure that women's needs are taken into account in the formulation of the population policy and become an integral component of the sectoral activities of the population programme, UNFPA would provide assistance: (a) to carry out research on the relationships between the socio-economic status of women and various population factors (mortality, fertility, migration); (b) to organize awareness-promotion activities for government staff and political and religious leaders; (c) to provide training in population, Safe Motherhood and related matters to government staff responsible for the advancement of women; and (d) to support the drafting and wide dissemination of the Family Code. In view of the widespread practice of excision in Guinea (90 per cent of the female population), UNFPA would support activities to create awareness among midwives as well as among men and women in general of the harmful consequences for women's health of this and certain other traditional practices. Given the close link that exists between the economic condition of women and their role in reproduction, UNFPA intends to provide support, in close coordination with MCH/FP activities, for micro-projects for women, particularly through the NGOs conducting field operations in this area

and in collaboration with the other agencies involved in activities to advance the status of women, such as UNICEF.

Programme reserve

31. An amount of $150,000 would be held in reserve for new proposals that would be developed within the framework of the proposed programme.

Programme coordination

32. The Ministry of Planning is responsible for coordinating external assistance in Guinea. However, since the existing mechanisms at the national level for coordinating population activities are weak, UNFPA would work closely with the Government to maximize coordination and collaboration among United Nations agencies active in the population field, particularly UNFPA, UNICEF and the World Bank. In terms of development activities in general, UNDP would continue to assist the Government in coordinating the activities of the various donors active in Guinea.

Programme monitoring, evaluation and management

33. Through activities of the Population Unit, and in the absence of a national structure, UNFPA would work closely with the Government in ensuring the effective follow-up and evaluation of population-related activities while seeking to improve the capabilities of national staff through training in programme design, management, supervision and evaluation. Whatever the mode of execution, UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37. Programme monitoring and evaluation would be conducted in accordance with standard UNFPA guidelines. This would require, among other things, a mid-term review of the programme in 1993 and a final review in 1995.

Financial summary

34. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $5.9 million over the five-year period 1992-1996, of which $4 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $1.9 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme would accommodate these two levels of funding:

	UNFPA regular resources	Other resources	Total
Maternal and child health and family planning	1,000,000	500,000	1,500,000
Information, education and communication	900,000	--	900,000
Data collection and analysis	950,000	800,000	1,750,000
Population policy formulation and dynamics	800,000	600,000	1,400,000
Women, population and development	200,000	--	200,000
Programme reserve	150,000	--	150,000
TOTAL	4,000,000	1,900,000	5,900,000

V. RECOMMENDATION

35. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Guinea in the amount of $5.9 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $4 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $1.9 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Guinea and with the executing agencies.

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UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Sudan
Support for an interim population programme

Proposed UNFPA assistance:	$5.5 million, of which $5 would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $500,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Two years
Estimated starting date:	January 1992
Executing agencies:	Government of Sudan United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agencies:	Ministry of Finance and Economic Planning

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92-02453

SUDAN

Demographic facts

Population Total (000)	
Total	25,203
Males	12,660
Females	12,544
Sex ratio (/100 females)	100.9
Urban	5,550
Rural	19,653
Per cent urban	22.0
Population in year 2000 (000)	33,625
Functional age groups (%)	
Young child: 0-4	18.0
Child: 5-14	27.2
Youth: 15-24	18.8
Elderly: 60+	4.6
65+	2.8
Women: 15-49	22.4
Median age (years)	17.3
Dependency ratios: total	92.4
(/100) Aged 0-14	86.9
Aged 65+	5.5
Agricultural population density (/hectare of arable land)	1.19
Population density (/sq. km.)	10
Average annual change (000)	
Population increase	785
Births	1,176
Deaths	391
Net migration	0
Annual population total (% growth)	2.90
Urban	4.58
Rural	2.39
Crude birth rate (/1000)	43.3
Crude death rate (/1000)	14.4
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	6.26
Gross reproduction rate (/woman)	3.06
Net reproduction rate (/woman)	2.29
Infant mortality rate (/1000)	99
Life expectancy at birth (years)	
Males	50.6
Females	53.0
Both sexes	51.8
GNP per capita (U.S. dollars, 1989)	*

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

* not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a population programme in the amount of $5.5 million, of which $5 million would be committed from UNFPA's regular resources, over a two-year period, starting January 1992, to assist the Government of Sudan in achieving its population and development objectives. UNFPA would seek to provide the balance of $500,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. Owing to the economic, environmental and socio-political problems facing the country, and in line with the Government's short-term planning strategy, the proposed UNFPA programme is designed to be an interim one, covering a period of two years and coinciding with the Government's current National Economic Salvation Programme (1990-1993). It is based on: (a) the country's priorities as identified in the National Economic Salvation Programme; (b) the recommendations of the external programme review and internal project evaluation exercises undertaken in September-October 1991; and (c) the outcome of meetings and consultations with representatives of government departments, NGOs, United Nations agencies, and others active in the population field.

3. The broad objective of the proposed programme is to assist the Government in improving the socio-economic and health conditions of the population and bettering the quality of life. The specific objectives are: (a) to improve maternal and child health and family planning (MCH/FP) service delivery; (b) to strengthen the national capability in collecting, processing and effectively using population data; (c) to enhance the socio-economic status of women; and (d) to increase awareness about and understanding of population issues. The proposed UNFPA programme is designed to complement and supplement the Government's activities in the population field. A longer term and more comprehensive programme will be prepared in 1993 on the basis of a Programme Review and Strategy Development (PRSD) mission, which is scheduled for the same year.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice, and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. With a surface area of 2.5 million square kilometres, Sudan is the largest country in Africa. Its ecological diversity is matched by demographic and cultural diversity: tropical forests co-exist with deserts, as do some 600 ethnic and tribal groups, speaking over 100 languages. Approximately 75 per cent of the population are Arabic-speaking Muslims who inhabit the northern, eastern and western parts of the country; the remaining 25 per cent are mostly Christians, inhabiting the southern provinces.

6. Demographic trends. Sudan's population was estimated at 25.2 million in 1990, 78 per cent of which is rural or nomadic and 22 per cent urban. At about 2.9 per cent a year, the growth rate of population is high but is considered acceptable by the Government. The growth rate in urban areas (4.6 per cent) is nearly twice that in rural areas (2.4 per cent), reflecting high rural-to-urban migration. Although the overall population

density is low (10 persons per square kilometre), about 30 per cent of the land is desert. The displacement of people resulting from recurrent droughts, desertification and insurgency are of major concern to the Government.

7. High fertility is the main factor in the population's rapid growth: the crude birth rate is estimated at 43.3 per 1,000, and the total fertility rate at 6.3 births per woman. According to a 1989/1990 Demographic Health Survey, more than 26 per cent of currently married women want no more children. However, only 8.7 per cent of them are using any contraceptive method. Of the total population, 45 per cent is under the age of 15. Mortality, though falling, is still high: the estimated crude death rate is 14.4 per 1,000, and the life expectancy at birth is 50.6 years for males and 53.0 years for females. The infant mortality rate is also high at 99 per 1,000 live births. Of great concern to the Government is the maternal mortality rate, which, at 600 per 100,000 live births, is among the highest in the world.

8. Owing to the insurgency in the south and recurrent droughts, Sudan's attempts at development planning have not produced the desired results. Despite its potential richness in natural and human resources, Sudan has remained a poor country, with a per capita income among the lowest in the world (estimated at $330 a year in 1989). During the period 1989-1991, Sudan's gross domestic product grew at an average rate of 0.4 per cent a year, which, given a population growth rate of 2.8 per cent, resulted in a real decline in per capita income. Sudan is facing rising import costs, falling export and remittance earnings and sharply reduced foreign aid. Its debt servicing ratio during the period 1988-1990 stood at 115 per cent of total exports.

9. The decline in the economy has manifested itself in many aspects of economic and social life. The physical infrastructure of roads, transport, communications and power-generating systems has deteriorated due to the lack of maintenance and spare parts. Recognizing the need to reorient the economy, in June 1990 the Government initiated a three-year National Economic Salvation Programme aimed at revitalizing the economy.

10. The Government considers the rates of population growth and fertility as acceptable, but not the rates of mortality and internal migration, which are deemed too high and unacceptable. It is also concerned about the country's distribution of population. It wishes, therefore, to address these issues within the context of its population policy, which was enacted on September 16, 1990. The Government approves contraception as a means of improving the health of mothers and children and has accordingly made contraceptive supplies and services available in health facilities. A Maternal and Child Health and Family Planning Directorate was established in 1985 under the Primary Health Care Directorate of the Ministry of Health.

11. Among the specific health targets of the Government are to reduce maternal and infant mortality rates by 50 and 33 per cent, respectively, between 1992 and 2000, and to provide access to family planning services for all couples so as to decrease the incidence of unwanted, frequent or high-risk pregnancies. Emphasis on primary health care and training of traditional birth attendants (TBAs) are key elements in the Government's health strategy.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. Sudan is a priority country for UNFPA assistance. Based on the recommendations of the 1978 basic needs assessment mission, the first country programme (1980-1985) was approved for $7.1 million, of which $6 million was spent. Prior to that, UNFPA had provided $1.7 million on a project-by-project basis. Expenditures for 1986, the interim year between the end of the first programme and the start of the second country programme, amounted to $1.37 million. The second country programme (1987-1991), approved in

the amount of $8 million, was based on the findings and recommendations of the 1985 basic needs assessment mission. An additional $300,000 was allocated in 1989 in response to the emergency situation created by floods. Expenditures during 1987-1990 amounted to $7.8 million; the estimated expenditure for 1991 is $1.2 million.

13. The second country programme succeeded in varying degrees in strengthening national institutions dealing with population activities, in increasing government and public awareness of and attention to population issues, in particular the role of population in development, and in further spreading family planning messages and acceptance through the use of training programmes, workshops and seminars. UNFPA's support also helped to improve MCH/FP services, through, among other things, the training of a significant number of paramedical staff and the provision of equipment and supplies, and to complete a successful census and to train staff who will play a major role in the next census. UNFPA assistance also sought to help establish an important database on human resources, introduce population education in schools, disseminate population information to various parts of the country, and enhance women's marketable skills and raise their incomes. However, owing to various institutional, administrative, logistical and physical constraints, the second programme fell short of fully realizing its objectives. Moreover, the insurgency in the south, civil strife in neighbouring countries and the Gulf War, together with natural calamities, hampered programme implementation.

Maternal and child health and family planning

14. MCH/FP activities in the second country programme continued to be a priority for UNFPA assistance, with 25 per cent of the total funds allocated going to this sector. UNFPA assistance was provided to improve MCH/FP services and contribute to the reduction of maternal, infant and childhood mortality and morbidity rates. Four priority provinces were targeted, namely, Red Sea, Northern, North Kordofan and Eastern Equatoria. The programme succeeded in training paramedical staff, providing equipment and distributing contraceptive supplies. It was not able, however, to fully institutionalize MCH/FP activities within the health care system. This was due to an overly centralized approach and other inadequacies in management and severe logistical problems.

15. In early 1991, UNFPA and the United Nations Children's Fund (UNICEF) joined the Ministry of Health in formulating a pilot activity to develop and test a training curriculum for TBAs, which the Government considers a priority in its Safe Motherhood initiative. The activity has been successful not only in achieving its objectives, but also in providing a framework for expanded future activities.

Information, education and communication

16. UNFPA assisted three activities in the area of IEC, two on raising awareness on population problems and one on integrating population education into the curricula of schools. The first was directed at workers and labour union leaders, and the second at influential community leaders. The third activity attempted to extend population education to teacher training colleges and universities and to the general public. However, population education is not yet fully integrated into the curricula in colleges and schools, owing to the frequent change in school curricula, the reorganization of educational institutions, difficulties in developing academic materials, and a dearth of trained personnel.

Data collection and analysis

17. Of the two activities supported by UNFPA, the first aimed at strengthening the capability of the Department of Statistics to conduct population censuses and demographic studies, and the second at establishing an efficient vital statistics system in a pilot area. The first, a continuation of 1983 census activities, primarily involved providing advisory services and equipment, which helped expedite data processing operations of the census. The second succeeded in establishing new procedures for civil registration and for training national staff. Through its support to the 1983 census and its subsequent operations, UNFPA has been instrumental in building an experienced cadre of staff and providing a pool of equipment at the Census Office that can play a major role in the 1993 census.

Population policy formulation

18. Of the four activities supported in this area, one was directed at formulating and implementing a national population and human resources policy at the Ministry of Finance and Economic Planning. Though it succeeded in creating a database, conducting relevant policy studies and training staff, it fell short of making population factors and human resource planning an integral part of planning. The second activity supported the Ministry of Labour in successfully conducting a national survey on migration and the labour force. It succeeded in deriving information on the volume, patterns and causes of migration and on the characteristics of migrants.

19. The third activity, which aimed at strengthening the Population Studies Centre of the University of Gezira, succeeded in training staff and is making progress towards institutionalizing demographic training and research in the country. The fourth activity, directed at analysing and disseminating the 1983 census results, also achieved its objectives, successfully organizing two national seminars and publishing a series of reports containing the data and analytical studies on the census results. The activity also called attention to the need for coordinating the data collection and analysis operations of the census to avoid delays in disseminating the results.

Women, population and development

20. In the second country programme, two activities were specifically directed at women. The first aimed at formulating a national policy on women, creating a Women's Unit for coordinating women's projects, supporting the new unit with relevant studies and research, integrating a curriculum on women and development into higher educational institutions, and implementing a training and community outreach programme for rural women. Progress has been made in some areas, especially in skills training and income generation. The second activity, which started in 1990, is directed at assisting Ahfad University for Women in establishing a special unit for women's studies and population. The special unit has been established and is now undertaking training and research activities. In addition to UNFPA support, this activity has received bilateral assistance from the Government of the Netherlands.

IV. PROPOSED PROGRAMME 1992-1993

21. The objectives of the proposed UNFPA interim programme for 1992-1993 are detailed in paragraph 3 above. A major component of the programme would be directed at the grass-roots level in order to reach a maximum number of beneficiaries. In general, the programme seeks to enhance programme efficiency and accountability through improved programme design, management, monitoring and evaluation. It has been

designed in light of the lessons learned from past assistance. These include, among others, that: (a) objectives should be modest and realistic in both scope and duration; (b) specific activities must be focused on certain geographical areas; (c) greater attention must be paid to the design of the overall programme and its specific projects; (d) executing agencies must provide strong substantive and managerial assistance to compensate for the limited national capabilities in these areas; and (e) resident advisers, both national and international, must be assigned to project sites to enhance project management and accountability.

22. In order to overcome the existing logistical bottlenecks, and bearing in mind the lessons learned from the previous cycles, the proposed programme would employ the following strategies: (a) concentrate programme efforts in selected regions in key sectors ; (b) enhance coordination with relevant government institutions, other donors and NGOs; (c) work with existing national and community institutions and strengthen them with training; (d) supplement government staff with non-governmental (national or international) staff, if necessary; (e) train national staff in UNFPA financial, reporting and programme management procedures; and (f) pay special attention to the monitoring and supervision of programme activities.

Maternal and child health and family planning

23. In view of the unfavourable health conditions in the country, and the large gap in unmet family planning needs, UNFPA support in this sector would focus on assisting the Government in improving health conditions by strengthening MCH/FP service delivery within the existing health infrastructure. The longer-term objectives would be to assist the Government in: (a) reducing infant and maternal mortality rates by 33 and 50 per cent, respectively, by the year 2000; (b) attaining its goal of one trained TBA for every 2,000 population by the year 2000; (c) improving the organizational, management and information systems of its health infrastructure; and (d) improving the quality, effectiveness and outreach of family planning services in order to enable couples to lengthen the space between births and to enhance the health of mothers and children.

24. In light of the lessons learned from the previous cycle and recommendations of the programme review mission, UNFPA would concentrate its MCH/FP activities in Eastern Province, which is a Government priority, and in Juba town, which is the centre of emergency operations in the south, as well as target the displaced persons around Khartoum. The proposed programme would strengthen existing MCH/FP facilities and services by training medical personnel, improving the managerial skills of health system managers, enhancing the collection and analysis of health and family planning statistics, and strengthening family planning information activities and service delivery. In keeping with government strategy, the programme is expected to be extended to other states gradually.

25. A sum of $2 million is proposed for this sector, of which $200,000 is to be sought from other sources, including multi-bilateral sources. UNFPA would continue to collaborate with UNICEF in such areas as training TBAs, carrying out research, and compiling health statistics.

Information, education and communication

26. The programme's broad objective in this sector is to strengthen the Government's IEC capability in the population field, in particular in support of MCH/FP activities. The specific objectives would be: (a) to strengthen the Government's capability to develop, produce and disseminate health and family planning information at the regional level; (b) to accelerate the development of relevant teaching materials and the full

integration of population education into the curricula of the school system; (c) to expand interpersonal communication and information dissemination activities on health and family planning in the organized labour sector; and (d) to assist the Government in carrying out a national campaign to promote preventive health care. The final shape and scope of the population education component would be determined on the basis of the results of two evaluation studies still being carried out.

27. UNFPA would provide support to the Ministry of Information and Culture to conduct national and regional mass media campaigns to promote the benefits of family planning, breast-feeding, balanced nutrition, sanitation and immunization as well as to discourage harmful traditional practices, such as female circumcision. Given the fact that Sudan has the highest reported number of AIDS cases in the Arab world, the campaigns would also highlight the dangers of AIDS and ways of preventing it.

28. The proposed amount for population IEC activities is $800,000, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

29. Because the proposed programme cycle would coincide with the preparations and conduct of the decennial population census of 1993, a relatively large share of programme resources would be devoted to the area of data collection and analysis. The programme's broad objective would be to strengthen the national capacity to collect, process, analyse and use population data. The specific objectives would be to assist the Government in: (a) conducting a population census in 1993 and processing its data; (b) collecting special data on displaced persons and international migrants and establishing a database on them; and (c) analysing the population data to highlight policy issues, particularly with respect to the relationship between population and environment, population movements and migrations, mortality and morbidity, implications of rapid population growth, and socio-cultural factors affecting fertility.

30. The conduct of the census and the compilation of a database on refugees are particularly important at this time because of the many changes that have taken place in the population structure in Sudan since the last census in 1983. An independent consultancy mission, funded by UNFPA in September 1991, indicated that the 1993 census is feasible and necessary for Sudan. The mission noted that, even if the insurgency in the south were to continue, it would still be possible to conduct a complete enumeration on at least 80 per cent of the population and to cover the remaining 20 per cent on a sample basis. Accurate population counts in the south are also required for the emergency operations. A census in Juba town was successfully completed in September 1991 through the collaboration of Equatoria Province, UNDP, and UNFPA. Based on the strategy and draft project document formulated by the consultancy mission, UNFPA support would be used to supplement the Government's resources in the form of international technical expertise, equipment, materials and training.

31. UNFPA would provide a sum of $1.4 million to this sector, $1.1 million of which would be earmarked for census activities.

Population policy formulation

32. The Programme's overall objective in this sector would be to strengthen the national capacity to coordinate population activities and to integrate population factors and human resources planning into the overall planning process. The specific objective would be to assist the Government in establishing an effective

Human Resource Coordination and Planning Unit in the Ministry of Finance and Economic Planning. UNFPA would provide $300,000 for this sector.

Women, population and development

33. Women's concerns would be taken into account in all sectors of the programme. However, the activities proposed here are specifically formulated to enhance the status of women socially and economically, with a view to increasing their participation in population activities. The specific objectives would be: (a) to provide training through Ahfad University for Women to prepare women for senior posts in the health and population sectors; (b) to create, in cooperation with other donors, income-generating activities for women that include family planning and population components; and (c) to improve the health and economic status of women, especially of adolescents and young adults in camps for displaced persons and in poor areas of Khartoum.

34. UNFPA would provide support for a pilot activity in 15 villages in northern Sudan to incorporate health education and services, including family planning, in the services offered by community centres. The pilot activity would also make use of the centres to develop women's marketable skills and to train them in the basics of finance and marketing, and in interpersonal communications, among other things. The primary objective would be to improve the status of women economically, socially and culturally and to increase their influence in family and community affairs, including women's access to family planning. The activity would emphasize community participation, both in implementing the activities and in meeting their costs. Although the focus is on women, the participation of men in programme activities would be encouraged.

35. UNFPA assistance in the amount of $800,000 is proposed for this sector, of which $100,000 would be sought from other sources, including multi-bilateral sources. UNICEF, which is just initiating women in development activities in Sudan, is likely to be a partner of UNFPA in this sector.

Programme reserve

36. A sum of $200,000 is to be set aside in reserve to accommodate new proposals that may be developed during the implementation of the programme.

Programme coordination

37. The Ministry of Finance and Economic Planning is the government agency responsible for coordinating population and other development programmes in Sudan. UNFPA would continue to work closely with the Ministry, as well as with other ministries and government departments, in matters concerning programme formulation, execution and management. The Fund would also interact with Joint Consultative Group on Policy (JCGP) partners, bilateral aid agencies and NGOs active in the population field in Sudan. In the proposed programme, UNFPA would expand its collaboration with UNICEF, especially in the areas of MCH/FP and women, population and development. A mechanism to facilitate cooperation between the two agencies has already been established through a successfully completed pilot activity in 1991.

Programme monitoring, evaluation and management

38. Special emphasis would be placed on programme monitoring, evaluation and management in order to ensure that the programme is being implemented efficiently and effectively and that programme objectives

are being pursued as planned. Programme activities would be monitored and evaluated in accordance with standard UNFPA guidelines and the UNFPA office would maintain close contact with the national staff and executing agencies. Whatever the mode of execution, UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37. To ensure accountability and effective administration, national staff responsible for programme management would be further trained on UNFPA rules and regulations. A Programme Review and Strategy Development (PRSD) exercise is planned for early 1993 to review programme accomplishments to date and to recommend the scope and nature of the next (fourth) country programme for the period 1994-1998.

Financial summary

39. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $5.5 million over the two-year period 1992-1993, of which $5 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $500,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The table below shows how the programme would accommodate the two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,800,000	200,000	2,000,000
Information, education and communication	600,000	200,000	800,000
Data collection and analysis	1,400,000	--	1,400,000
Population policy formulation	300,000	--	300,000
Women, population and development	700,000	100,000	800,000
Programme reserve	200,000	--	200,000
TOTAL	5,000,000	500,000	5,500,000

VI. RECOMMENDATION

40. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Sudan in the amount of $5.5 million for the two-year period 1992-1993;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $5 million from UNFPA's regular resources, over the period 1992-1993;

(c) Further authorize the Executive Director to seek to provide the balance of $500,000 of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Sudan and with the executing agencies.